

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-841-2300

FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov

WEBSITE: www.emt.mt.gov

LICENSING REQUIREMENTS: EMERGENCY CARE PROVIDERS

1. NREMT Certification, American Board of Pre-Hospital Care Board Certification or currently licensed at or the level equal to or greater than the level of licensure you are applying for
2. Possess a high school diploma or its equivalent (e.g., G.E.D)
3. 18 years old or older

FEES:

\$20.00 – EMR Emergency Medical Responder

\$30.00 – EMT Emergency Medical Technician

\$40.00 – AEMT Advanced Emergency Medical Technician

\$60.00 – Paramedic

Make check or money order payable to the Montana Board of Medical Examiners

DOCUMENTS: The following documentation must be submitted for individuals who are applying for initial Licensure or reapplying for licensure.

1. Proof of High School diploma or its equivalent, such as a college transcript, GED, etc
2. Birth Certificate or other verifiable evidence of the applicant's date of birth, ie. driver's license
3. Current NREMT card or American Board of Pre-Hospital Care Board Certification or proof of state licensure equal to or greater than the level applying for
4. RESULTS of a current self-query on the National Practitioners Databank (letter unopened)

The Following documentation must be submitted for individuals who have maintained continuous licensure in Montana as an EMT and are applying for another level. Current NREMT card or American Board of Pre-Hospital Care Board Certification equal to or greater than the level applying for.

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ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:

National Practitioner Data Bank (NPDB) self-query. This form can be obtained by calling the NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet. This form must be mailed directly to NPDB at the address indicated in the instructions on their form. The results will come to you; upon receipt please forward them to the Board office (letter unopened).

APPLICATION PROCEDURES:

A verification of licensure or letter of good standing must be sent directly from each state board in which the applicant is currently or has ever been licensed to practice. Please make copies of the attached verification request form as needed. Some states charge a fee for verification. Contact each board prior to sending the request. **NOTE: A verification form from Montana is not necessary**

PROCESSING PROCEDURES:

An application file must be complete before consideration of licensure.

The applicant will be notified in writing of any items missing from the application file.

An application takes 10 working days to process from the time it is complete.

If the application is considered a non-routine application, there may be a delay in processing of the application.

You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.

A non-routine application may take up to 120 days to process.

Any questions with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 841-2300 or e-mail us at dlibsmed@mt.gov